

*Patricia Booker*

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10,1595526

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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7						
8						
9	1					
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15						
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20						
21	1					
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25	1					
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TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	21	←	←	←	←	←
TOTAL CLAIMS	25	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]